Capacity/Title:

CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

11 MAR 21 AM 9: 14

SECRE BY OF STATE
STATE OF IDAHO

Please type or print legibly. Instructions are included on back of application.

OPEN	RANGE WINDOW CLEANING
The true name(s) and <u>business</u> a business under the assumed bus <u>Name</u> PHILLIP J HINKLE	dress(es) of the entity or individual(s) doing ness name: <u>Complete Address</u> 719 MEGAN CT, NAMPA, ID 83686
	NAMPA , ID 83686-8735
Retail Trade Tran	acted under the assumed business name is: portation and Public Utilities truction
Services Agr Manufacturing Min Finance, Insurance, and Re	Assumed Business
The name and address to which correspondence should be address PHILLIP J HINKLE	1 Secretary of State
719 MEGAN CT, NAMPA , ID 83686 NAMPA , ID 83686-8735	208 334-2301
5. Name and address for this acknown copy is (if other than # 4 above):	ledgment
	Secretary of State use only
Signature:	
Printed Name: PHILLIP J HINKLE	D146186
Capacity/Title: OWNER	
Signature:	IDAHO SECRETARY OF STATE 93/22/2011 95:99
Printed Name:	CK: 560204233 CT: 156010 BH: 1265

abn.omd Rev. 07/2010